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Form **990-EZ****Short Form**

OMB No. 1545-1150

Return of Organization Exempt From Income Tax**2014**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public InspectionDepartment of the Treasury
Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**A For the 2014 calendar year, or tax year beginning January 1, 2014, and ending December 31, 2014****B Check if applicable**

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization

United Steelworkers Union Local 449
 Number and street (or P.O. box, if mail is not delivered to street address) P.O. Box 898 Room/suite
 City or town, state or province, country, and ZIP or foreign postal code Waterville, ME 04901

D Employer identification number01-6014196**E Telephone number**(207) 872-7930**F Group Exemption**Number ► 0260**G Accounting Method:** Cash Accrual Other (specify) ► _____**I Website:** ► N/A**J Tax-exempt status (check only one)** — 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527**K Form of organization:** Corporation Trust Association Other**L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets**(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ) ► \$ 159,087**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 <u>0</u>
	2 Program service revenue including government fees and contracts	2 <u>0</u>
	3 Membership dues and assessments	3 <u>139,755</u>
	4 Investment income	4 <u>1756</u>
	5a Gross amount from sale of assets other than inventory	5a <u>0</u>
	b Less: cost or other basis and sales expenses	5b <u>0</u>
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c <u>0</u>
	6 Gaming and fundraising events	6d <u>0</u>
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a <u>0</u>
Expenses	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b <u>0</u>
	c Less: direct expenses from gaming and fundraising events	6c <u>0</u>
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d <u>0</u>
	7a Gross sales of inventory, less returns and allowances	7c <u>0</u>
	b Less: cost of goods sold	7b <u>0</u>
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c <u>0</u>
	8 Other revenue (describe in Schedule O)	8 <u>17,576</u>
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 <u>159,087</u>
	10 Grants and similar amounts paid (list in Schedule O) <u>0</u> 2015	10 <u>9670</u>
Net Assets	11 Benefits paid to or for members	11 <u>0</u>
	12 Salaries, other compensation, and employee benefits	12 <u>89,322</u>
	13 Professional fees and other payments to independent contractors	13 <u>50</u>
	14 Occupancy, rent, utilities, and maintenance	14 <u>24,749</u>
	15 Printing, publications, postage, and shipping	15 <u>489</u>
	16 Other expenses (describe in Schedule O)	16 <u>30,309</u>
	17 Total expenses. Add lines 10 through 16	17 <u>154,589</u>
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 <u>-4498</u>
Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 <u>341,605</u>
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 <u>91</u>
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 <u>337,918</u>

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form **990-EZ** (2014)

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	237,273	232,775
23 Land and buildings	105,300	105,300
24 Other assets (describe in Schedule O)	0	0
25 Total assets	342,573	338,075
26 Total liabilities (describe in Schedule O)	968	877
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	341,605	337,198

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Collective Bargaining
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 <u>The Local Union was established to negotiate collective bargaining agreements to better the working conditions of the Local Union, and provide representation to its members.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 _____ (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 _____ (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Herman Drawin President	13.20	15,170		
Michael Higgins Vice President	1.40	1505		
Kelly Bonnell Recording Secretary	7.40	8,924		
David Joseph Treasurer	7.65	9,309		
Larry Desmond Financial Secretary	3.96	5,134		
Blane Breton Trustee	1.45	1,961		
Troy St. Pierre Trustee	6.64	8,129		
Marc Landry Trustee	2.83	3,846		
Jamie Gareau Guard	.64	1,027		
Craig Clyde Guard	4.62	6,308		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O Yes No
33 ✓

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) Yes No
34 ✓

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? Yes No
35a ✓

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Yes No
35b ✓

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Yes No
35c ✓

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N Yes No
36 ✓

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** Yes No

b Did the organization file Form 1120-POL for this year? Yes No
37b

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? Yes No
38a ✓

b If "Yes," complete Schedule L, Part II and enter the total amount involved Yes No
38b

39 Section 501(c)(7) organizations. Enter:
 a Initiation fees and capital contributions included on line 9 Yes No
39a

b Gross receipts, included on line 9, for public use of club facilities Yes No
39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____ Yes No
40b

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Yes No
40c

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Yes No
40d

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization Yes No
40e ✓

41 List the states with which a copy of this return is filed ► _____

42a The organization's books are in care of ► Larry Desmond Telephone no. ► (207) 872-4941
 Located at ► 577 Benton Ave, Winslow ME ZIP + 4 ► 04901 Yes No
42b ✓

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► _____
 See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Yes No
42c ✓

c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ► and enter the amount of tax-exempt interest received or accrued during the tax year ► **43** Yes No

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes No
44a ✓

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes No
44b ✓

c Did the organization receive any payments for indoor tanning services during the year? Yes No
44c ✓

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Yes No
44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Yes No
45a ✓

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) Yes No
45b ✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

f Total number of other employees paid over \$100,000 ►

<p>51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."</p> <table border="1"> <thead> <tr> <th data-bbox="155 1110 855 1123">(a) Name and business address of each independent contractor</th><th data-bbox="855 1110 1230 1123">(b) Type of service</th><th data-bbox="1230 1110 1558 1123">(c) Compensation</th></tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation																					
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation																								

d Total number of other independent contractors each receiving over \$100,000 . ►

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	<input style="width: 200px; border: 1px solid black; border-radius: 5px; padding: 5px; margin-bottom: 5px;" type="text" value="C. A. Jones"/> <input style="width: 200px; border: 1px solid black; border-radius: 5px; padding: 5px; margin-bottom: 5px;" type="text" value="David Joseph"/>	Date
	<input style="width: 200px; border: 1px solid black; border-radius: 5px; padding: 5px;" type="text" value="5/21/2015"/>	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

United Steelworkers Local 449

Employer identification number

01-6014196

Form 990-EZ, Part I, Line 8, Other Revenue: Rental Income 1600

" " : Refunds : Overpayments 975

" " : Reimbursements: 14206

" " : Union Apparel Purchase 795

Form 990-EZ, Part I, Line 10, (Grants Rec'd): Donation Grantees:

Lincoln Maine F.C.U.: 2500

Webster Board Scholarship: 2000

Waterville Gymnastics: 70.00

Maine AFL-CIO: 1000

The Maine Childrens Home Little Wanders: 200

Winslow Family 4th of July: 500

Thomas College: 150

Northern Star Lodge #28: 100.

Maine Shrine classic: 100

Hospice Volunteers: 100

Mayson Softball: 200

Waterville Girls Soccer: 300

Maine AFL-CIO: 300

Waterville Parks & Rec: 500

Food & Med, JWJ Edu Fund: 500

Hannaford Gift Cards/Fair Point: 1150

Name of the organization

United Steelworkers Local 4419

Employer identification number

01-6014196

Form 990-EZ, Part I, Line 16, Other Expenses: Travel 8958

" " : Conference, Conventions & meetings 16548
" " : Per Capita Fees 1639
" " : Dues Refund 317
" " : Direct Taxes 2847

Form 990-EZ, Part I, Line 20, Net assets Decrease in liabilities: 91

Form 990-EZ, Part I, Line 26, Liabilities: Unrestricted Taxes: 877